

DEPARTMENT OF SOCIAL SERVICES

744 P Street, M.S. 19-31

Sacramento, CA 95814

(916) 323-0580



January 4, 1983

ALL-COUNTY INFORMATION NOTICE NO. 1-01-83

TO: ALL PUBLIC AND PRIVATE ADOPTION AGENCIES
ALL SDSS ADOPTION DISTRICT OFFICES

SUBJECT: REVISED FORM AD 835, ADOPTION ASSISTANCE PROGRAM (AAP/AID FOR
THE ADOPTION OF CHILDREN (AAC) MONTHLY CASELOAD UPDATE REPORT)

This is to inform you that the AD 835, Aid for the Adoption of Children Caseload Update, has been revised to incorporate the Adoption Assistance Program (AAP). The changes are as follows:

- (1) The report is to be submitted monthly starting with the month of November 1982;
- (2) Two columns have been added to identify those cases that are eligible for Federal Financial Participation (FFP 03) and those not eligible (non-FFP 04);
- (3) A separate form (AD 835) is to be submitted for each program being reported. Do not record AAC cases and AAP cases on the same form;
- (4) A new column "Restored" has been added for cases that have been terminated and later resumed;
- (5) Four columns have been added which identify the condition(s) which caused the child to be hard-to-place; and,
- (6) A "total" line has been added.

You will be notified as soon as the revised form is available from the Department of Social Services Warehouse. In the meantime, please make copies from the attached revised form. Do not use any AD 835 forms with a revision date prior to November 1982.

If you have any questions regarding this form, please contact Robert Pohutsky at (916) 323-0580.


CLAUDE FINN

Deputy Director

Adult and Family Services Division

Attachment

cc: CWDA

CONFIDENTIAL INFORMATION

State Department of Social Services
Adoptions Systems Bureau
744 P Street, N.S. 19-31
Sacramento, CA 95814

CHECK ☒ PROGRAM BEING REPORTED ON THIS FORM
REPORT ONE PROGRAM ONLY PER PAGE.

☐ AAP ☐ AAC

REMARKS OR RECOMM

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TOTAL

AD 835 INSTRUCTIONS

General Instructions

The AAC/AAP Caseload Update Report is to be submitted monthly by all adoption agencies. The reports are due no later than the 12th working day of the month following the report month.

Specific Instructions

Complete one form for cases that are being reported under the Aid for the Adoption of Children Program (AAC) and a separate form for cases that are being reported under the Adoption Assistance Program (AAP). Do not put AAC and AAP cases on the same form. Check which report you are completing at the top of the form.

Columns

1 - 4: Each case being reported should be identified as an added, terminated, changed or restored. Check appropriate column for each case being reported, using the following definitions:

Added: New case that has not previously received a payment.

Terminated: Any case that was receiving a payment that is discontinued or suspended.

Changed: Any case that experiences a change in length or amount of payment.

Restored: Any case that had previously been reported as terminated and later resumed.

Column 5: List the last name of the adoptive parents.

Column 6: List the first name only of the child.

Column 7: List the state case number. This number should be the ADA number (e.g., LACO 12345 ADA, CHS 9876 ADA). Do not use local agency case numbers.

Column 8: Check appropriate prefix number and list the payment number. The prefix numbers 03 and 04 are used to identify the payment by the paying county. Private adoption agencies must obtain this number from the county making payment.

The 03 prefix identifies those cases eligible for federal financial participation under Title IV-E. The 04 prefix identifies those cases that are state financed cases under the Aid for the Adoption of Children Program and nonfederal Adoption Assistance Program.

Column 9: Enter the month and year payment started.

Column 10: Enter the month and year payment will terminate. If an extension in time is granted, this should be indicated as a change (Column 3).

Column 11: Enter the month and year payment terminated.

Column 12: Enter the amount of payment. If a change in payment amount is made, the new level should be indicated.

Columns

13 - 16: Check the appropriate column(s) which identify the condition(s) which caused the child to be hard to place.

Column 17: Remarks. Include, but do not restrict to, identification of primary medical problem. Also include other pertinent comments, such as identification of ethnicity if Column 16 is checked.

Total Line: Enter total of items checked.